PTO/SB/17 (01-06)

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FEB 1 7 2006 ork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Diseas pursuant of the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/743,818 Application Number **TRANSMIT** Filing Date April 26, 2001 For FY 2006 First Named Inventor Weiss **Examiner Name** Holly G. Schnizer Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1653 TOTAL AMOUNT OF PAYMENT GHC11USA 2610.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card | Money Order None Other (please identify): Check Deposit Account Deposit Account Number: 08-3040 Deposit Account Name: HOWSON AND HOWSON For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity** Small Entity **Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 150 200 300 500 100 Utility 250 100 130 65 Design 200 100 50 160 80 200 100 300 150 Plant 300 500 250 600 300 150 Reissue 0 0 200 100 0 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) - 20 or HP = 0 31 HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee Paid (\$) Extra Claims Fee (\$) 200 800 4 11 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) **Total Sheets** Extra Sheets ___ (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 1810.00 Other (e.g., late filing surcharge): Petition for Extension of Time and RCE Fee

SUBMITTED BY				
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Name (Print/Type)	Cathy A. Kodroff	00		Date February 17, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.